

INSTRUCTIONS AND RENEWAL APPLICATION.

It is your responsibility to renew your license on time. Notification of your renewal will be sent to your mailing address by a postcard or an Audit Renewal Application approximately 65 days prior to your expiration date.

DO NOT send CE proof with your renewal application unless you have received an Audit Renewal Application in the mail or unless you are renewing past your expiration date.

CONTINUING EDUCATION:

1. During the two-year period immediately preceding license expiration, a licensee applying for a renewal license shall complete 24 hours or more of continuing education.
2. A licensee may complete a maximum of 12 continuing education hours from a distance learning format to satisfy the requirement if they so choose.
3. It is the licensee's responsibility to make sure that Continuing Education is from an "Approved Provider".

Also, refer to the new rules in **R4-15-302 Approval of Continuing Education.**

Checklist: for your records only

Check appropriate amount below: **MONEY ORDER or CASHIER'S CHECK ONLY**

1. ____ **\$95.00** - Renewal fee

____ **\$120.00** - Total amount that includes the renewal fee and an optional wall certificate

____ **\$135.00** - Total amount that includes the renewal fee and the delinquent fee

If postmarked after your expiration date, copies of your CE's must be submitted with your renewal.

____ **\$160.00** - Total amount that includes the renewal fee, delinquent fee, and a wall certificate

If postmarked after your expiration date, copies of your CE's must be submitted with your renewal.

____ **\$220.00** - Total amount that includes the renewal and reinstatement fee - please read below:

Use this only if you have missed 2 renewal cycles and have not exceeded 3 years from your last expiration date. Copies of your CE's must be submitted with your renewal.

2. ____ A legible copy of alien status document if you are not a US citizen. Refer to list B below.
Your name on the proof of alien status must match the name on your renewal form – if it doesn't match, you must send documentation of your name change.
3. ____ Application signed and dated on the second page of this renewal.

PLEASE DO NOT MAIL THIS PAGE WITH YOUR APPLICATION



Arizona State Board of Massage Therapy

1400 W Washington, Suite 300, Phoenix, AZ 85007

Phone 602.542.8604 ♦ Fax 602.542.8804

www.massageboard.az.gov

RENEWAL APPLICATION (2 pages)

Leave no blanks. Use N/A if not applicable.

CASHIER CHECKS AND MONEY ORDERS ONLY

PM
CTZ

Refer to the checklist on page 2 before completing this application in order to ensure your application is complete. Incomplete applications will cause a delay in processing.

License number required MT-_____ Current Expiration date: mm _____ dd _____ yyyy _____

Birth date: mm _____ dd _____ yyyy _____

1. Current name as it will appear on your license - If your name has changed, a copy of the name change documentation must be included (i.e. marriage certificate, divorce decree etc. – an updated driver's license will not suffice)

First

Middle

Last

2. Physical home address - No P.O. Box address can be entered here (see #4)

This address will be posted on the website if no other address is given.

_____/_____/_____/_____/_____
Complete Street Address Apt # City State Zip Code

Home Phone # (_____) _____ - _____

3. Work or business address if different from home – NO P.O. Box address can be entered here (see #4)

_____/_____/_____/_____/_____
Business Name Street Address Ste # City State Zip Code

Business Phone # (_____) _____ - _____

4. Mailing address if different from home. P.O. Box address is allowed.

_____/_____/_____/_____/_____
Street Address Apt/St City State Zip Code

5. Indicate by checking the box which address is to be posted on the Website:

☐ Home ☐ Work or Business ☐ Mailing

Cell # (_____) _____ - _____

6. Email address: print clearly _____

7. Alien Status Declaration: To be completed by applicants who are not citizens or nationals of the United States.
Attach a legible copy of a document from List B which can be found below.

8. Have you completed at least than 24 hours of continuing education? ____YES ____NO

9. During the two year period immediately preceding license expiration, have you been charged with or convicted of a felony or offense involving moral turpitude, prostitution, solicitation, or a related offense, or entered into a plea of no contest? ____YES ____NO

If you answered yes to #9, you must submit documentation of the charged felony or offense, the date of conviction, the court having jurisdiction over the felony or offense, and the probation officer's name, address, and telephone number. A copy of an expungement and/or a copy of the restoration of civil rights, if applicable, must also be submitted.

10. Required: I, the undersigned, do hereby attest under penalty of perjury, that I am the massage therapist named in this renewal; that all answers, facts and statements that are provided in this renewal are truthful. I am not omitting any information which may be of value to the Arizona State Board of Massage Therapy in considering this application for renewal of licensure.

By signing below, I verify under oath that I have completed not less than 24 hours of continuing education as required by A.R.S. § 32-4225 or A.R.S. § 32-4226.

Signature_____Date_____

Print Name _____

**THIS RENEWAL FORM WILL UPDATE ALL OF YOUR INFORMATION.
DO NOT SEND A CHANGE OF ADDRESS FORM WITH THIS RENEWAL FORM**

USE THE CHECKLIST BELOW TO ENSURE YOUR APPLICATION IS COMPLETE.

All fees are nonrefundable.

Payable to: AZ MASSAGE BOARD

Check correct amount below: MONEY ORDER or CASHIER'S CHECK ONLY will be accepted for payment.

1. ____ **\$95.00** - Renewal fee

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____ **\$135.00** - Total amount which includes the renewal fee and the delinquent fee -

If postmarked after your expiration date, copies of your CE's must be submitted with your renewal.

____ **\$160.00** - Total amount which includes the renewal fee, delinquent fee, and a wall certificate

If postmarked after your expiration date, copies of your CE's must be submitted with your renewal.

____ **\$220.00** - Total amount which includes the renewal and reinstatement fee - please read below:

Use this only if you have missed 2 renewal cycles and have not exceeded 3 years from your last expiration Date. Copies of your CE's must be submitted with your renewal.

If your license expired over 3 years ago, do not use this application. You must apply as a new applicant!

2. ____ A legible copy of alien status document if you are not a US citizen. Refer to list B below.

Your name on the proof of alien status must match the name on your renewal application- if it doesn't match, you must send documentation of your name change.

3. ____ Application signed and dated on the second page of the renewal.

Renewals are processed in the order they are received. If your application is not complete, you will be notified by email only. It is your responsibility to contact us if you have not received your renewed license within 4 weeks of submission.

DO NOT MAIL THIS PAGE WITH YOUR RENEWAL APPLICATION

LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterisk ("*").

a. “Qualified Aliens”

Evidence of “Qualified Alien” status includes the following:

_ *I-94 Form with a photograph

Alien Lawfully Admitted for Permanent Residence

*Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
*Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (5)";
* Form I-766 (Employment Authorization Document) annotated "A5";
Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
Order of an immigration judge granting asylum.

Refugee

* Form I-94 annotated with stamp showing admission under § 207 of the INA;
* Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"; or
* Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for a Least One Year

* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
* Form I-766 (Employment Authorization Document) annotated "A10"; or
Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

* Form I-94 with stamp showing admission under §203(a)(7) of the INA;
* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
* Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

U.S. Citizenship and Immigration Service petition and supporting documentation

b. “Nonimmigrant”

Evidence of “Nonimmigrant” status includes the following:

* Form I-94 with stamp showing authorized admission as nonimmigrant

c. “Alien Paroled into U.S. for Less than One Year”

Evidence includes:

* Form I-94 with stamp showing admission for less than one year under section 212(d) (5) of the INA